



**SAN JOAQUIN
COUNTY**
Greatness grows here.

Environmental Health Department

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April 23, 2018

System No. 3901217

Haynes Board & Care Home
17201 N. Tully Road
Lodi, CA 95240

Water System: Haynes Board & Care Home, 17201 N. Tully Road, Lodi

CITATION NO. 01_69_18C_018

**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
FOR APRIL 2018**

Enclosed is a Citation issued to the **Haynes Board & Care Home** (hereinafter "**Haynes Board & Care Home**") public water system.

The **Haynes Board & Care Home** will be billed at the San Joaquin County Environmental Health Department's (hereinafter "EHD") hourly rate (currently at \$152 per hour) for the time spent on issuing this Citation. California Health and Safety Code, Section 116595, provides that a public water system must reimburse the local primacy agency (EHD) for actual costs incurred by the EHD for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation.

Any person who is aggrieved by a citation issued by the EHD may file a petition with the State Water Resources Control Board (State Water Board) for reconsideration of the citation. Petitions must be received by the State Water Board within 30 calendar days of the issuance of the citation. The date of issuance is the date when the EHD mails or serves a copy of the citation, whichever occurs first. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. Information regarding filing petitions may be found at:
http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml"

If you have any questions regarding this matter, please contact **Navjot Sahota** of my staff at **209-468-3178**.

Sincerely,

A handwritten signature in blue ink that reads "Kasey Foley for".

Linda Turkatte, REHS, Director
San Joaquin County Environmental Health Department

Enclosures

1 Citation No. **01_69_18C_018**
2
3 COUNTY OF SAN JOAQUIN
4 ENVIRONMENTAL HEALTH DEPARTMENT
5 DRINKING WATER PROGRAM
6
7 **Name of Public Water System:** Haynes Board & Care Home
8 **Water System No:** 3901217
9
10 **Attention:** Haynes Board & Care Home
11 17201 N. Tully Road
12 Lodi, CA 95240
13
14 **Issued:** April 23, 2018
15
16 **CITATION FOR NONCOMPLIANCE**
17 **TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**
18 **POSITIVE FECAL COLIFORM SAMPLE**
19 **CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1**
20 **APRIL 2018**
21
22 The California Health and Safety Code (hereinafter "CHSC"), Section 116330
23 allows the State Water Resources Control Board (hereinafter "State Board")
24 to delegate primary responsibility for the administration and enforcement of
25 the Safe Drinking Water Act (hereinafter "SDWA") to the San Joaquin County
26 Environmental Health Department (hereinafter "EHD") for public water
27 systems located in San Joaquin County. CHSC Section 116650 authorizes
28 the EHD to issue a citation to a public water system when the EHD determines

1 that the public water system has violated or is violating the SDWA, (CHSC,
2 Division 104, Part 12, Chapter 4, commencing with Section 116270), or any
3 regulation, standard, permit, or order issued or adopted thereunder.

4

5 The EHD hereby issues this citation pursuant to Section 116650 of the CHSC
6 to the [Haynes Board & Care Home Water System](#) (hereinafter "[Haynes Board](#)
7 [& Care Home](#)") for violation of CHSC, Section 116555(a)(1) and California
8 Code of Regulations (hereinafter "CCR"), Title 22, Section 64426.1.

9

10 **STATEMENT OF FACTS**

11 The [Haynes Board & Care Home](#) is classified as a ***Community water system***
12 with a population of 21 employees and 30 residents, serving (3) connections.
13 The EHD received laboratory results for (9) bacteriological samples collected
14 during April 2018 from the [Haynes Board & Care Home](#). Seven (7) of the (9)
15 samples analyzed showed the presence of total coliform bacteria.

16

17 **DETERMINATION**

18 CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level
19 (MCL) states that a public water system is in violation of the total coliform MCL
20 if any repeat sample is fecal coliform-positive or E. coli-positive, or if any
21 repeat sample following a fecal coliform-positive or E. coli-positive routine
22 sample is total coliform-positive.

23

24 The [Haynes Board & Care Home](#) took fewer than 40 bacteriological samples
25 during April 2018. The result of (1) repeat sample was fecal coliform-positive
26 or E. coli-positive. Therefore, the EHD has determined that the [Haynes Board](#)
27 [& Care Home](#) violated CCR, Title 22, Section 64426.1 during April 2018.

28

DIRECTIVES

The Haynes Board & Care Home is hereby directed to take the following actions:

1. Comply with CCR, Title 22, Section 64426.1, in all future monitoring periods.
2. On or before **April 20, 2018**, notify all persons served by the Haynes Board & Care Home of the violation of Section 64426.1, in conformance with CCR, Title 22, Sections 64463.1(b)&(c) and 64465. **Appendix 1: Notification Template** shall be used to fulfill this directive, unless otherwise approved by the EHD. **(completed 4/19/2018)**
3. Complete **Appendix 2: Compliance Certification Form**. Submit it together with a copy of the public notification to the EHD on or before **April 20 2018. (completed 4/19/2018)**
4. Submit the information required by CCR, Title 22, Section 64426(b)(2) on or before **May 18, 2018**. **Appendix 3: Positive Total Coliform Investigation** may be used to fulfill this directive.
5. Pursuant to CCR, Title 22, Section 64424(d), collect and have analyzed for total coliform bacteria **five (5) routine** bacteriological samples in on or before **May 30, 2018**.
6. Pursuant to CCR, Title 22, Section 64469(a), submit analytical results of all sample analyses completed in a calendar month to the EHD no later than the tenth day of the following month.

1
2
3 All submittals required by this Citation shall be submitted to the EHD at the
4 following address:

5
6 San Joaquin County Environmental Health Department
7 Small Public Water Systems Program
8 1868 E. Hazelton Avenue
9 Stockton, CA 95205
10 Fax: (209) 464-0138

11
12 The EHD reserves the right to make such modifications to this Citation as it
13 may deem necessary to protect public health and safety. Such modifications
14 may be issued as amendments to this Citation and shall be effective upon
15 issuance.

16
17 Nothing in this Citation relieves the [Haynes Board & Care Home](#) of its
18 obligation to meet the requirements of the California SDWA (CHSC, Division
19 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation,
20 standard, permit or order issued or adopted thereunder.

21
22 **PARTIES BOUND**

23 This Citation shall apply to and be binding upon the [Haynes Board & Care](#)
24 [Home](#), its owners, shareholders, officers, directors, agents, employees,
25 contractors, successors, and assignees.

26
27 **SEVERABILITY**

1 The directives of this Citation are severable, and the **Haynes Board & Care**
2 **Home** shall comply with each and every provision thereof notwithstanding
3 the effectiveness of any provision.

4

5 **FURTHER ENFORCEMENT ACTION**

6 The California SDWA authorizes the EHD to: issue a citation with assessment
7 of administrative penalties to a public water system for violation or continued
8 violation of the requirements of the California SDWA or any regulation, permit,
9 standard, citation, or order issued or adopted thereunder including, but not
10 limited to, failure to correct a violation identified in a citation or compliance
11 order. The California SDWA also authorizes the EHD to take action to
12 suspend or revoke a permit that has been issued to a public water system if
13 the public water system has violated applicable law or regulations or has failed
14 to comply with an order of the EHD, and to petition the superior court to take
15 various enforcement measures against a public water system that has failed
16 to comply with an order of the EHD. The EHD does not waive any further
17 enforcement action by issuance of this Citation.

18

19 Kasey Foley for

20 Linda Turkatte, REHS, Director

4/24/18

Date

21 San Joaquin County Environmental Health Department

22

23 Appendices (3):

- 24 1. Notification Template and Instructions
25 2. Compliance Certification Form
26 3. Positive Total Coliform Investigation Report Form

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT



This form is intended to assist Division of Drinking Water (DDW) or Local Primacy Agency (LPA) Staff in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. If the answer has a large box around it, it is an issue and needs to be described by LPA or DDW in the next column. Please include the question number in the description. The PWS must address each issue described in the Corrective Action column. **To avoid a violation, the water system must submit to DDW/LPA a completed assessment report no later than 30 days after the trigger date.**

| PWS ID#: | 390127 | | | PWS Name: [Magnus Board + Care] | | | Circle one: <u>CWS</u> / NTNC / TNC |
|--|-------------------------------------|-------------------------------------|---|--|------------------------------------|---|-------------------------------------|
| Operator in Responsible Charge (print name): | Quality Service Inc. | | | Phone: | (209) 838-7842 | | |
| Assessment trigger date: | | | | Date Assessment Completed: | 4/26/2018 | | |
| SEASONAL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | Reason for Assessment: | Acute Total Coliform MCL violation | | |
| Person who collected TC positive samples: QS, -repeat | | | Contact info for person who collected samples: (209) 942-0182-FGL | | | | |
| Name of Certified Lab conducting sample analysis: FGL | | | | | | | |
| Assessment Elements | Y | N | N/A | Issue Description | | Corrective Action Taken or Planned to be Taken and Date | |
| 1. Review of the sample sites | | | | | | | |
| 1.1 Was the sample taken at the routine coliform site? List the name(s) of the positive sample site(s). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Indicate Element number being described. | | Indicate Element number being described. | |
| 1.2 Was the tap area unsanitary at the time of sampling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Indicate Element number being described. | | Indicate Element number being described. | |
| 1.3 Was this sample taken from an outside faucet? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Indicate Element number being described. | | Indicate Element number being described. | |
| 1.4 Was the sample taken from a swivel tap? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Indicate Element number being described. | | Indicate Element number being described. | |
| 1.5 Did the tap have a point of use treatment device on it? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Indicate Element number being described. | | Indicate Element number being described. | |
| 1.6 Does the building where the sample was taken have a point of entry device? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Indicate Element number being described. | | Indicate Element number being described. | |
| 1.7 Has this location undergone any plumbing replacements or repairs? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Indicate Element number being described. | | Indicate Element number being described. | |
| 1.8 Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Indicate Element number being described. | | Indicate Element number being described. | |
| 1.9 Is this location near a storage tank or dead end? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Indicate Element number being described. | | Indicate Element number being described. | |
| 1.10 Have there been any analytical results or any additional samples collected, including source samples, which were positive (not for compliance)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Indicate Element number being described. | | Indicate Element number being described. | |
| 1.11 Prior to this incident, when was the most recent satisfactory coliform samples taken? | Date: 2/21/2018 | | | | | | |
| 1.12 Any other sample site issues not previously mentioned? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

| 2. Review of sample protocol | | Y | N | N/A | Indicate Element number being described. |
|---------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|--|
| 2.1 | Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | -F&L routine, QSI repeat |
| 2.2 | Is the sampler a regular, trained sampler? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.3 | Was a laboratory-provided TC sample bottle used? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.4 | Was the aerator removed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2.5 | Was the water tap flushed for at least 5 minutes? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | F&L not QSI |
| 2.6 | Was the tap disinfected or flamed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2.7 | Did the sample get too warm prior to being placed on ice? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2.8 | Were there other sampler errors? Describe | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2.9 | If it is a seasonal system, were there any problems during the most recent start-up procedure? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2.10 | Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3. Review of the distribution system. | | Y | N | N/A | Indicate Element number being described. |
| 3.1 | Have any mains or service lines recently been repaired, replaced or installed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unknown |
| 3.2 | Have fire hydrants or blow offs been recently flushed/used/sheared? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.3 | Have valves been recently exercised to direct flow? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unknown |
| 3.4 | Any leaks or main breaks noted? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tested annually by QSI. |
| 3.5 | Are all of the backflow prevention devices operational and maintained? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.6 | Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3.7 | Any areas of the distribution with low disinfectant levels (<0.2 mg/L)? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3.8 | Any recent pump station failures or repairs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3.9 | Air relief valve leaking? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3.10 | Standing water or debris in (air relief) valve vault? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3.11 | Any recent power loss? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unknown |
| 3.12 | Any unprotected cross connections (including yard hydrants and stock tanks)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3.13 | Has high turbidity been detected in the distribution system? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3.14 | Is there evidence of intentional contamination or vandalism? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3.15 | Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

| 4. Review of storage tank(s) (Note the specific facility if any issues are found) | Y | N | N/A | Indicate Element number being described. |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|
| 4.1 Is there a presence of animals or insects in the tank(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.2 Are there breaches or holes of any sort into tank(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.3 Is there any presence of animal droppings around openings, vents or overflows? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.4 Is there sediment buildup and floating debris in tank(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.5 Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.6 Are the vents and overflows protected against entry from animals, insects or other contaminants? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.7 Are the screens damaged or not properly installed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.8 Does the reservoir have a common inlet/outlet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.9 Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.10 Does the hatch have a solid, water proof, shoebox type lid that is properly sealed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.11 Was the hatch locked or secured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.12 Has the tank been accidentally drained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.13 Have there been high flows through the tank? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.14 Was there high water age in the tank (infrequent water use)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.15 Was the sample taken when the tank was at the low level mark? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.16 Failure or improper operation on tank telemetry/altitude valves/controls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.17 Any recent repairs on the tank(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.18 Was there any power loss? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.19 Is the site secured (e.g. fencing, locked gates, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.20 Was the tank vandalized or subject to tampering? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.21 Any other storage tank issues not previously mentioned above? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pressure Tanks (if applicable) | Y | N | N/A | Indicate Element number being described. |
| 4.22 What is the volume of the pressure tank? Attach additional sheets if needed. | Approximately 500 gal | | | |
| 4.23 What is the age of the pressure tank? Attach additional sheets if needed. | Unknown, fairly new, good condition | | | |
| 4.24 Does the pressure tank use a bladder and/or air compressor? Attach additional sheets if needed. | No | | | |
| 4.25 Did the pressure tank(s) deviate from normal operating pressure? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4.26 Is the compressor pump running more than normal? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

| | | | | | | | | | | | | |
|--------------------------|---|--------------------------|-------------------------------------|-------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4.27 | Is the tank bladder water logged? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.28 | Is the tank damaged, rusty, leaking or have holes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.29 | Was there any recent work performed on the tank? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.30 | Is the air relief vent (if there one) screened and facing down? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.31 | Can the inside of the pressure tank be visually inspected through an inspection port? If so, when was it last inspected? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Review of treatment process (if applicable) | Y | N | N/A | Indicate Element number being described. | | | | | | | |
| 5.1 | Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | | | | | | |
| 5.2 | Have there been any new treatment processes added or new equipment installed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | | | | | | |
| 5.3 | Have there been any recent repairs of major unit processes or treatment equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | | | | | | |
| 5.4 | Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages, flow changes, or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | | | | | | |
| 5.5 | Has a coagulant been added at all times the plant has been filtering water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | | | | | | |
| 5.6 | Have there been changes in raw water quality? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | | | | | | |
| 5.7 | Was the settled water turbidity increasing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | | | | | | |
| 5.8 | Was the finished water turbidity increasing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | | | | | | |
| 5.9 | Have filter clogging algae caused more frequent backwashing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | | | | | | |
| 5.10 | Have there been any failures in adding disinfectant for any length of time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | | | | | | |
| 5.11 | Was water delivered that did not meet CT requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | | | | | | |
| 5.12 | What is the entry point chlorine residual today? Free/Total? | mg/L | | | | | | | | | | |
| 5.13 | Has there been any vandalism or tampering at the plant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.14 | Any other treatment plant issues not previously mentioned above? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sources – Well(s) | | | | | | | | | | | | |
| 6. | (Note the specific facility if any issues are found) | Y | N | N/A | Indicate Element number being described. | | | | | | | |
| 6.1 | Is there a 50 foot annular seal? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A | | | | | | | |
| 6.2 | Is the surface seal defective or damaged or not water tight? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | N/A | | | | | | | |

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

| | | | |
|--|---|-------------------------------------|-------------------------------------|
| 6.3 Is there a casing vent? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 Does the casing and/or air relief vent have a screen to prevent the entry of insects? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.5 Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.6 How is the well used? (Circle if applicable) | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Backup | <input type="checkbox"/> Emergency |
| 6.7 Are there any unprotected cross connections at the wellhead? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.8 Are there any unprotected openings in the pump or pump assembly? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.9 Is the pitless adapter damaged? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.10 Are there any exposed holes or cracks near the wellhead? For example electric conduit. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.11 Has there been any recent work performed on the pump? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.12 Is the wellhead secured to prevent unauthorized access? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.13 Have there been any sewer spills, source water spills or other disturbances near the well? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.14 Is the wellhead at least 18-inches above grade? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.15 Is there evidence of standing water near the wellhead? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.16 Is the well pit in standing water or evidence of flooding? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.17 Any other well issues not previously mentioned above? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sources- Spring(s) (Note the specific facility if any issues are found) | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 6.18 Is there evidence of flooding or infiltration of surface water runoff around the spring? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.19 Is the spring box improperly developed or poorly maintained? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.20 Is the spring site secured (e.g. locks, fence, gate, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.21 Are there dead animals near the spring? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.22 Any other issues about springs not previously mentioned above? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sources - Surface Water | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 6.23 Have there been algae blooms? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.24 Has the source water turned over? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.25 Have there been any sewer spills, source water spills or other disturbances? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.26 Any other source water issues not previously mentioned above? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

| Sources-purchased water | | | | | | | | | | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6.27 Water quality issues with supplier? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.28 Low disinfectant residual from supplier (typically ≤0.2 mg/L)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.29 Any other purchased water issues not previously mentioned above? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Applicable to all sources | | | | | | | | | | | | | |
| 6.30 Has an unapproved source been used? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.31 Has there been a change in sources? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.32 Has there been recent rapid snowmelt, heavy rainfall or flooding? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.33 Any evidence of animals near the source? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.34 Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.35 Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.36 Any other source issues not previously mentioned above? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. General Operations | | | | | | | | | | | | | |
| 7.1 During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2 What were the symptoms of illness if you received complaints about customers being sick? | <hr/> | | | | | | | | | | | | |
| 7.3 Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Significant Deficiencies | | | | | | | | | | | | | |
| 8.1 Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1. Attach additional sheets if needed.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Additional Comments:

Quality Service investigated the well casing using a camera previously in January of 2016. Previous repairs were done by slipping a larger sleeve over the existing well casing, but no seal was provided between the casings. It is proposed that the compromised portion of well casing (first 3-4 feet) be sleeves and grouted. A well repair permit is required by the EID.

- At time of assessment, well and distribution system are in the process of disinfection. A cycle test is required after disinfection, and a timeline for repairs.

Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED): Wally O. Sabot

Signature: 

Date:

Water system responsible party (PRINTED):

Signature:

Date:

Reserved for Regulatory Agency (DDW / LPA) Review

| | Yes | No | Comments |
|---|-------------------------------------|-------------------------------------|--|
| 1. Has assessment been successfully completed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2. Likely reason for EC+ occurrence has been found. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3. System has corrected the problem. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | → In process of disinfecting well & distribution system. |
| 4. Were all issues identified corrected? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | → Plans for well repair. |
| 4. Corrective Action Approved? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

Date 4/19/2018:

DRINKING WATER WARNING BOIL WATER ORDER

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

Haynes Board & Care Water System is contaminated with fecal coliform bacteria the bacterium *E. coli* BOIL YOUR WATER BEFORE USING

Fecal coliform *E. coli* bacteria were found in the water supply on April 19, 2018. These bacteria can make you sick, and are a particular concern for people with weakened immune systems.

What should I do?

DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, let it boil for one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation until further notice in writing from San Joaquin County Environmental Health Department. Boiling kills bacteria and other organisms in the water.

Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.

The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice about drinking water from their health care providers.

What happened? What is being done?

Bacterial contamination can occur when increased run-off enters the drinking water source (for example, following heavy rains). It can also happen due to a break in the distribution system (pipes) or a failure in the water treatment process.

The San Joaquin County Health Department and Haynes Board & Care Water System will inform in writing you when tests show no bacteria and you no longer need to boil your water. We anticipate resolving the problem as soon as possible.

For more information, please contact Quality Service, Inc. at 209-838-7842

General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 1(800) 426-4791.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by the Water System in compliance with the California Domestic Water Quality and Monitoring Regulations as a means of keeping the public informed.

By signing this notice, you are declaring: I (We) declare under penalty of perjury that the statements on this application are correct to my (our) knowledge and the actions taken to notify the users of this water system are in compliance with California Code of Regulations (CCR).

Signature: Sandra Haynes - Andrij (operator/owner)

Date: 4/19/18



Quality Service, INC.

Water & Wastewater Operations
A General Contractor LIC # 834488
Escalon, CA 95320
Telephone: (209) 838-7842

Drinking Water Notification to Consumers PROOF OF NOTIFICATION

Name of System: Haynes Enterprises

Consumers Notified: Yes No

Date of Notification: 4/19/18

On the date of notification set forth above, I served the above referenced document(s) to the consumers by:

Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code.

Newspaper (if the problem has been corrected)

Personally hand-delivering a copy to each of the consumers.

Posting on a public bulletin board that will be seen by each of the consumers

Other Approved Method: _____

I hereby declare the foregoing to be true and correct.

Date: 4-19-18

Sandra Hayes-Andrews
Signature of Person Serving Notice

Notice: Complete this Proof of Notification and return it, along with a copy of the notice to Quality Service, Inc.

Haynes Board & Care Home

17201 N. Tully Rd.

Lodi, CA 95240

Customer ID: 3002891

April 18, 2018

STK1834939:1-5

Preliminary Coliform Bacteria Analysis

Project Name: Water Monitoring

System Number: 3901217

Analytical Results

| ID | Sample Description | Total | Fecal | E. Coli | Units | Method | Prep | Footnote |
|----|-----------------------------|--------------|-------|-------------|-----------|----------|----------------|----------|
| 1 | Laundry Room | <1.0 Absent | --- | <1.0 Absent | MPN/100ml | SM 9223B | Quanti Tray 18 | |
| 2 | Laundry Room | <1.0 Absent | --- | <1.0 Absent | MPN/100ml | SM 9223B | Quanti Tray 18 | |
| 3 | South East Corner Main Bldg | 13.7 Present | --- | <1.0 Absent | MPN/100ml | SM 9223B | Quanti Tray 18 | |
| 4 | After Pressure Tank | 13.7 Present | --- | <1.0 Absent | MPN/100ml | SM 9223B | Quanti Tray 18 | |
| 5 | Well | 50.4 Present | --- | >1.0 Absent | MPN/100ml | SM 9223B | Quanti Tray 18 | |

N/R Not Required

MPN Most Probable Number

A/P Absence/Presence

SM 9223B E. Coli specific for Fecal

STK1834939-003 South East Corner Main Bldg - Failed

STK1834939-004 After Pressure Tank - Failed

STK1834939-005 Well - Failed

Sample Handling Information

| ID | Sample Number | System Number | Sample Type/Reason | Sampler | Employed By | Sampled |
|----|----------------|---------------|--------------------|---------------|-------------------|------------------|
| 1 | STK1834939-001 | 3901217 | System-Routine | Corey Hancock | FGL Environmental | 2018-04-17 11:05 |
| 2 | STK1834939-002 | 3901217 | System-Routine | Corey Hancock | FGL Environmental | 2018-04-17 11:07 |
| 3 | STK1834939-003 | 3901217 | System-Routine | Corey Hancock | FGL Environmental | 2018-04-17 11:00 |
| 4 | STK1834939-004 | 3901217 | System-Routine | Corey Hancock | FGL Environmental | 2018-04-17 10:55 |
| 5 | STK1834939-005 | 3901217-001 | Source-Routine | Corey Hancock | FGL Environmental | 2018-04-17 10:50 |

QA Information

| ID | Sample Description | CI Total/Free | Temp °C | Started | Finished | Contact | Contacted |
|----|-----------------------------|---------------|---------|----------------------|----------------|---------|-----------|
| 1 | Laundry Room | ---/ND | --- | 2018-04-17 15:40 KJB | 2018-04-18 LSM | N/R | |
| 2 | Laundry Room | ---/--- | --- | 2018-04-17 15:40 KJB | 2018-04-18 LSM | N/R | |
| 3 | South East Corner Main Bldg | ---/ND | --- | 2018-04-17 15:40 KJB | 2018-04-18 LSM | N/R | |
| 4 | After Pressure Tank | ---/ND | --- | 2018-04-17 15:41 KJB | 2018-04-18 LSM | N/R | |
| 5 | Well | ND/--- | --- | 2018-04-17 15:41 KJB | 2018-04-18 LSM | N/R | |

Analyses were performed using Standard Methods 20th edition. If you have any questions regarding your results, please call.

This is a Preliminary Report, the Final Report will follow in 14 days.

TO County 4/19/18

Corporate Offices & Laboratory
 853 Corporation Street
 Santa Paula, CA 93060
 TEL: (805)392-2000
 Env FAX: (805)525-4172 / Ag FAX: (805)392-2063
 CA ELAP Certification No. 1573

Office & Laboratory
 2500 Stagecoach Road
 Stockton, CA 95215
 TEL: (209)942-0182
 FAX: (209)942-0423
 CA ELAP Certification No. 1563

Office & Laboratory
 563 E. Lindo Avenue
 Chico, CA 95926
 TEL: (530)343-5818
 FAX: (530)343-3807
 CA ELAP Certification No. 2670

Office & Laboratory
 3442 Empresa Drive, Suite D
 San Luis Obispo, CA 93401
 TEL: (805)783-2940
 FAX: (805)783-2912
 CA ELAP Certification No. 2775

Office & Laboratory
 9415 W. Goshen Avenue
 Visalia, CA 93291
 TEL: (559)734-9473
 FAX: (559)734-8435
 CA ELAP Certification No. 2810

Haynes Board & Care Home
17201 N. Tully Rd.
Lodi, CA 95240
Customer ID: 3002891

April 19, 2018

STK1835079:1-4

Preliminary Coliform Bacteria Analysis
Project Name: Bacteriological Sampling-Even

System Number: 3901217

Analytical Results

| ID | Sample Description | Total | Fecal | E. Coli | Units | Method | Prep | Footnote |
|----|-----------------------------|----------------|-------|-------------|-----------|----------|----------------|----------|
| 1 | South East Corner Main Bldg | 165.2 Present | --- | <1.0 Absent | MPN/100ml | SM 9223B | Quanti Tray 18 | |
| 2 | Laundry Room | >200.5 Present | --- | <1.0 Absent | MPN/100ml | SM 9223B | Quanti Tray 18 | |
| 3 | After PT | >200.5 Present | --- | <1.0 Absent | MPN/100ml | SM 9223B | Quanti Tray 18 | |
| 4 | Well | >200.5 Present | --- | 5.3 Present | MPN/100ml | SM 9223B | Quanti Tray 18 | |

N/R Not Required

MPN Most Probable Number

A/P Absence/Presence

SM 9223B E. Coli specific for Fecal

STK1835079-001 South East Corner Main Bldg - Failed

STK1835079-002 Laundry Room - Failed

STK1835079-003 After PT - Failed

STK1835079-004 Well - Failed

Sample Handling Information

| ID | Sample Number | System Number | Sample Type/Reason | Sampler | Employed By | Sampled |
|----|----------------|---------------|--------------------|-----------|-----------------|------------------|
| 1 | STK1835079-001 | 3901217 | System-Repeat | Troy Long | Quality Service | 2018-04-18 13:40 |
| 2 | STK1835079-002 | 3901217 | System-Repeat | Troy Long | Quality Service | 2018-04-18 13:45 |
| 3 | STK1835079-003 | 3901217 | System-Repeat | Troy Long | Quality Service | 2018-04-18 13:50 |
| 4 | STK1835079-004 | 3901217-001 | Source-Repeat | Troy Long | Quality Service | 2018-04-18 13:55 |

QA Information

| ID | Sample Description | Cl Total/Free | Temp °C | Started | Finished | Contact | Contacted |
|----|-----------------------------|---------------|---------|----------------------|----------------|-------------------------|------------------|
| 1 | South East Corner Main Bldg | ---/ND | --- | 2018-04-18 14:52 KJB | 2018-04-19 LSM | Rebecca-Quality Service | 2018-04-19 11:35 |
| 2 | Laundry Room | ---/ND | --- | 2018-04-18 14:53 KJB | 2018-04-19 LSM | N/R | |
| 3 | After PT | ---/ND | --- | 2018-04-18 14:53 KJB | 2018-04-19 LSM | N/R | |
| 4 | Well | ND--- | --- | 2018-04-18 14:53 KJB | 2018-04-19 LSM | N/R | |

Analyses were performed using Standard Methods 20th edition. If you have any questions regarding your results, please call.

This is a Preliminary Report, the Final Report will follow in 14 days.